Aequalis™ PerFORM
GLENOID SYSTEM

surgical technique

TORNIER

SURGICAL TECHNIQUE

Aequalis™ PerFORM

GLENOID SYSTEM

TORNIER

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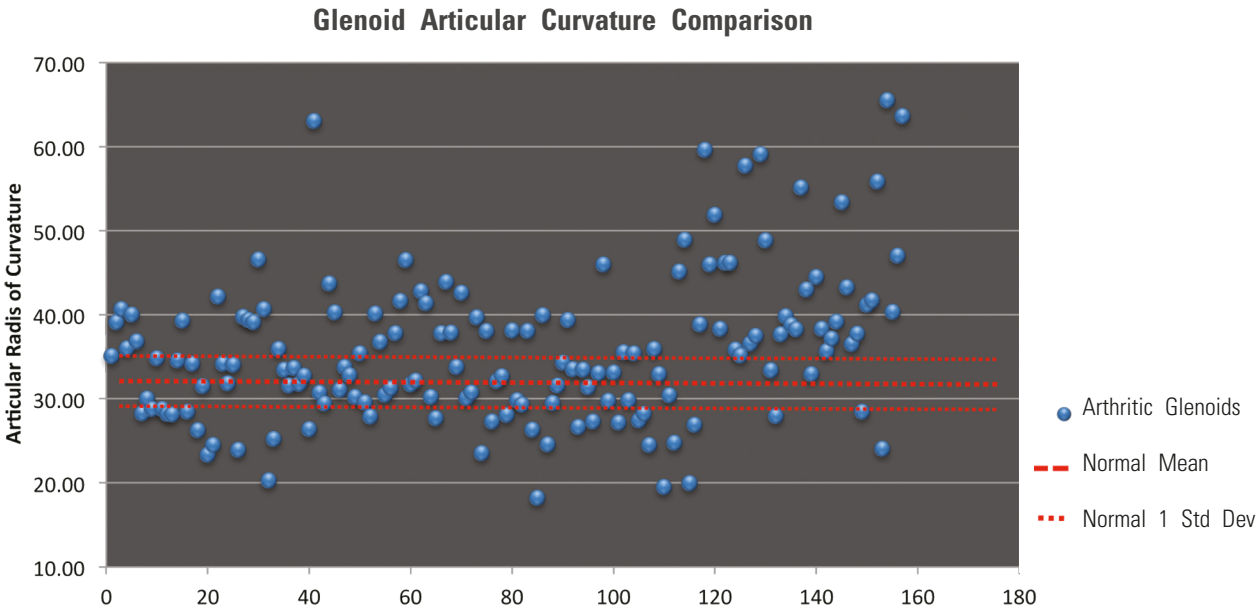
implant rationale

"With current shoulder arthroplasty systems using a unique glenoid backside radius of curvature, there is a risk to perform excessive reaming to "adapt the bone to the prosthesis" resulting in sacrifice of the subchondral bone. Future implant design should consider including a range of backside radius of curvatures adapted to the arthritic glenoid that may avoid excessive reaming and bone sacrifice by "adapting the prosthesis to the bone."

- DR. GILLES WALCH



Conclusion

The average arthritic articular curvature is 39 mm with a range of 10 standard deviation while the average normal articular curvature is 32 mm with a range of 3 standard deviation.

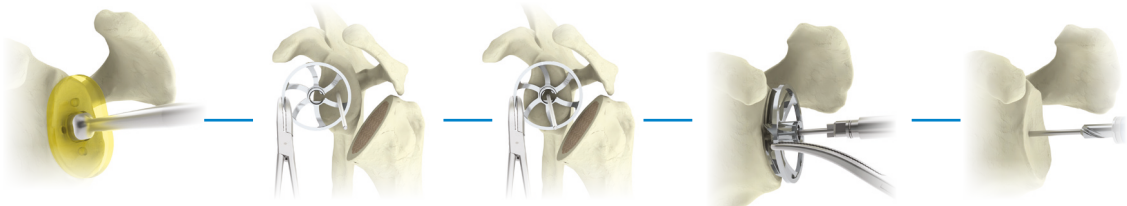
	End Point	5 Year	10 Year	15 Year
Study 1	Revision	99.8%	96.0%	77.5%
	Radiological	99.0%	70.1%	25.8%
Study 2	Revision	99.7%	98.3%	N/A
	Radiological	99.7%	51.5%	N/A

Study 1: Pattern of Loosening of Polyethylene Keeled Glenoid in Primary OA (A Multi-Centered Study with >5 Year Follow-Up) G. Walch; A. Young; P. Boileau; M. Loew; D. Gazielly; D. Molé

Study 2: "Results of a Convex-back Cemented Keeled Glenoid Component in Primary Osteoarthritis: Multicenter Study with Follow-up Greater than 5 Years" G. Walch, A. Young, B. Melis, D. Gazielly, M. Loew, P. Boileau

COMMON PREPARATION SURGICAL FLOW

Cannulated Technique



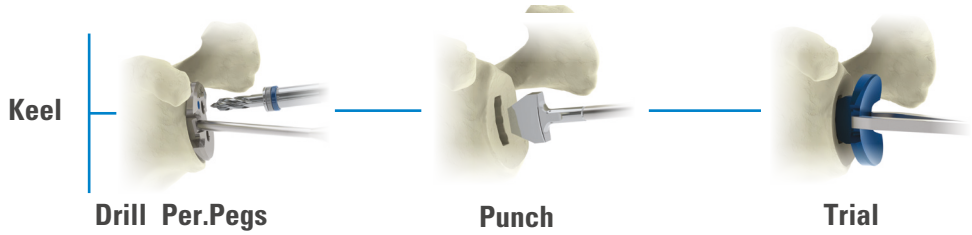
Place Pin — Position Reamer — Ream — Drill

Size

Non-Cannulated Technique

Drill — Ream

ANCHORAGE SPECIFIC SURGICAL FLOW



Keel: Drill Per.Pegs — Punch — Trial

Pegged: Drill Per.Pegs — Trial

CortiLoc™: Drill Enlarging Hole — Drill Per.Pegs — Trial

indications & contraindications

AEQUALIS™ PerFORM GLENOID OVERVIEW

The Aequalis™ PerFORM glenoid system is a comprehensive offering that includes a variety of anchorage options such as a Keeled, Standard Pegged and CortiLoc™ Pegged. These designs are based on extensive anatomic studies* and are offered in 4 sizes. Additionally, both common and anchorage specific instrumentation are included in the Aequalis PerFORM glenoid system.

The Tornier shoulder prostheses are intended for replacement of the shoulder joint to reduce pain and improve shoulder mobility in comparison with preoperative status.

INDICATIONS

Prosthetic replacement with this device (Aequalis PerFORM glenoid component + humeral component) may be indicated to relieve severe pain or significant disability caused by:

- Degenerative pathologies: osteoarthritis, rheumatoid polyarthritis, post-traumatic arthritis
- Primary and secondary necrosis of the humeral head
- Displaced 4-part upper humeral fracture
- Humeral head fracture
- Other pathologies where arthrodesis or resectional arthroplasty of the humeral head are not acceptable
- Revisions when other treatments or devices have failed

The Aequalis PerFORM glenoids are for use with cemented applications and are labeled as such.

CONTRAINDICATIONS

- Systemic infection
- Fever and/or local inflammation
- Rapid joint destruction or bone resorption apparent on roentgenograms
- Elevation of sedimentation rate unexplained by other disease, elevation of WBC count
- Distant foci of infection from genitourinary, pulmonary, skin and other sites, dental focus infection that may cause haematogenous spread to the implant site
- Use of this implant is contraindicated in the presence of significant injury to the upper brachial plexus
- Poor quality and/or insufficient quantity of glenoid bone stock (pre- or intraoperative glenoid fracture…)
- Nonfunctional deltoid or external rotator muscles
- Important and non-reparable rupture of the rotator cuff
- Neuromuscular disease (e.g. joint neuropathy)
- Known allergy to one of the materials
- Patient pregnancy

*Tornier internal data on file

The Aequalis™ PerFORM glenoid has been designed to be compatible with the Simpliciti,™ Aequalis,™ and Ascend™ humeral head systems in certain combinations. For more information on the cleared combinations refer to the mismatch charts listed below.

(All models are not cleared in all countries; please contact your Tornier representative for information about the availability.)

Aequalis™ Ascend Flex Shoulder System
Aequalis PerFORM Glenoids (Keeled, Pegged, and CortiLoc™)
with Aequalis/Simpliciti and Aequalis™ Ascend Flex Heads - Mismatch Chart
Combinations Heads/Glenoids
Diametrical Mismatch in mm

Size	Heads	37x13.5	39x14	41x15	43x16	46x17	48x18	50x16	50x19	52x19	52x23	54x23	54x27
Glenoid	Diameter of curvature	39	41.2	43	45	48	50	55	52	54.6	52.4	54.7	54
Small	55.4	16.4	14.2	12.4	10.4	7.4	5.4	0.4	3.4	0.8	3	0.7	1.4
Medium	59.6	20.6	18.4	16.6	14.6	11.6	9.6	4.6	7.6	5	7.2	4.9	5.6
Large	63.6	24.6	22.4	20.6	18.6	15.6	13.6	8.6	11.6	9	11.2	8.9	9.6
XL	67.8	28.8	26.6	24.8	22.8	19.8	17.8	12.8	15.8	13.2	15.4	13.1	13.8

Cleared Mismatches

The cleared range for this combination is 1 to 24.8 mm

PREOPERATIVE PLANNING

A careful analysis of X-rays and axial CT scan views is recommended before surgery to evaluate the following parameters: osteophytes, articular curvature, anterior and, more importantly, posterior wear of the glenoid, as well as the location, orientation and depth of the glenoid vault.

COMMON OPERATIVE TECHNIQUES FOR THE KEELED, PEGGED & CORTILOC™ GLENOIDS

Exposure

With the arm abducted and internally rotated, a posterior glenoid retractor is placed on the posterior glenoid border as the proximal humerus is dislocated posteriorly and inferiorly. An angled retractor placed above the glenoid and an angled Kolbel retractor placed in the subscapular fossa are used to complete the exposure. (Figure 1)

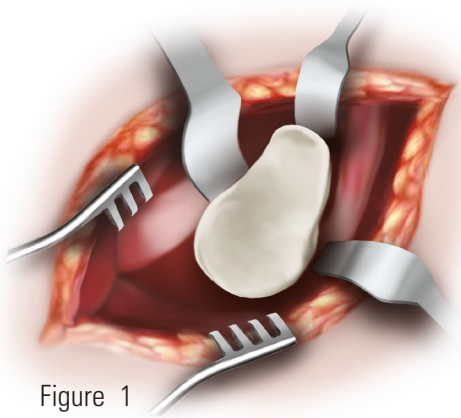


Figure 1

If preoperatively the humerus rests in a fixed posteriorly subluxed position, then the posterior capsule may be stretched out sufficiently so that a posterior capsular release for exposure may not be necessary.

If, after releasing the entire anterior capsule down to 6 o'clock on the glenoid face the shoulder is still tight, then additional capsule is released around the posterior inferior corner and up the posterior side until the humerus can be adequately retracted for exposure (labrum and posterior capsule). (Figure 1)

The glenoid retractor then is moved upward if more of the posterior release needs to be completed. (Figure 2)

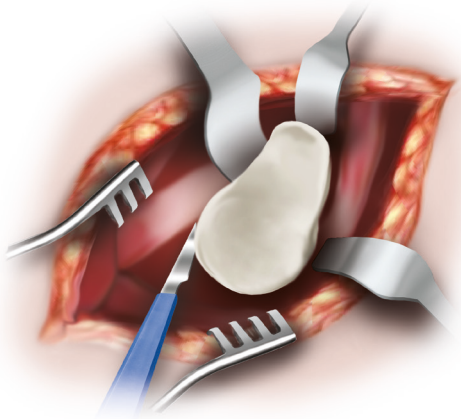


Figure 2

ARTICULAR CURVATURE OVERVIEW

Recent studies have demonstrated that the articular curvature of arthritic glenoids is much different than that of normal glenoids. In particular, one recent study reported the average arthritic glenoid articular curvature as 40 mm with a range of 11 standard deviations, while the average normal glenoid articular curvature is 32 mm with a range of 3 standard deviations. *(Internal data on file)*

The Aequalis™ PerFORM glenoid system is the first system to incorporate these new finding by offering multiple backside curvatures of each size glenoid to preserve as much cortical bone as possible. The chart below demonstrates the multiple backside curvatures for each of the four glenoid sizes.

Backside Radius	Small	Medium	Large	Extra Large
30	S 30	M 30		
35	S 35	M 35		
40	S 40	M 40	L 40	XL 40
50			L 50	XL 50
60			L 60	XL 60

COLOR CODING

To improve operative efficiency, the Aequalis PerFORM instrumentation has been color coded by size. Please refer to the chart below to see which colors are associated with which colors.

Small | Medium | Large | X-Large

DETERMINING ARTICULAR CURVATURE

Five radius gauges are provided to assist in determining the general size and curvatures of the glenoid. Each radius gauge is marked with the size (S-M / L-XL) and the radius (R30, R35, R40, R50, R60). (Figure 3)

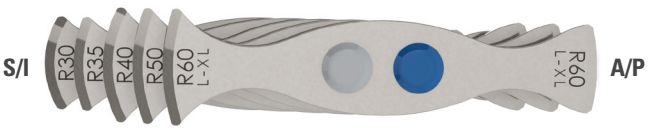


Figure 3

The large end of the sizer is used to measure the best fit of the glenoid superiorly/inferiorly, while the smaller opposite end of the sizer is used to measure the best fit of the glenoid anteriorly/posteriorly.

To determine the curvature of the glenoid, place a radius gauge against the center of the glenoid.

Select the gauge that most precisely fits the native glenoid. This radius will be a determining factor in which instruments are used in subsequent steps. Evaluate the fit of the radius gauge to the face of the glenoid in multiple planes keeping the gauge centered in the glenoid at all times. (Figure 4-5)

Figure 4

Figure 5

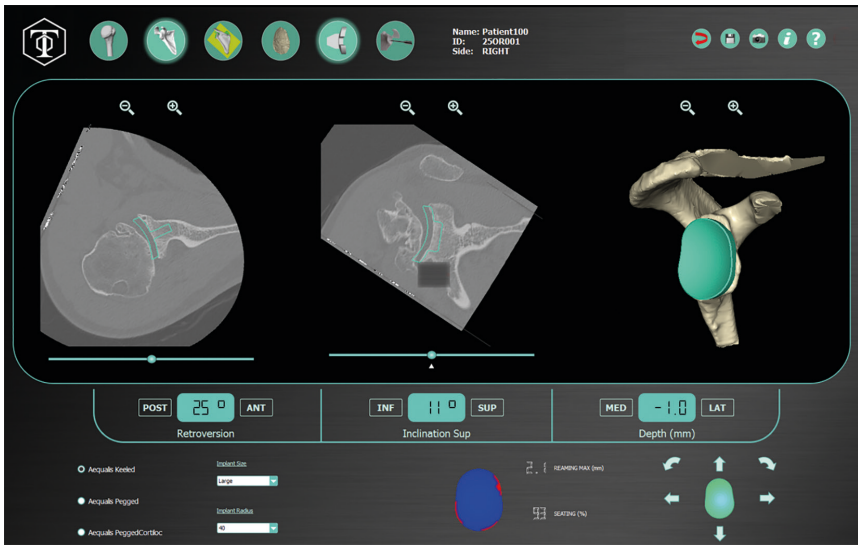
optional : BLUEPRINT™ 3D Planning Software

If pre-operative planning is desired, the BLUEPRINT™ Planning Software may be used prior to the procedure to visualize the anatomy in 3-dimensional space *(automated 3D reconstruction)* and perform a virtual implantation of the Aequalis™ PerFORM glenoid. The software allows the surgeon to virtually position the various implants and understand the optimal path of treatment based on the patient's anatomy. The software creates a visual aid when making important treatment decisions, including:

- Identification of glenoid wear patterns
- Visualization of humeral head subluxation & migration
- Planning correction of glenoid version
- Ensuring full implant seating
- Analyzing bone removal required for various implant options *(reaming max)*
- Assuring implant containment within the glenoid vault *(size & radius curvature)*

The BLUEPRINT™ Planning Software also provides information about the patient's glenoid as well as the virtual implant, including:

- Glenoid & Implant Version
- Glenoid & Implant Inclination
- Scapula Planes *(Scapular plane, Transversal scapular plane and glenoid fossa plane)*
- Glenoid bone removal measurements
- Implant seating coverage



For complete details on BLUEPRINT™ 3D Planning Software, please refer to the user manual and visit the website www.tornierblueprint.com

CONFIRMING THE GLENOID SIZE

The glenoid size and curvature can be confirmed with the sizer. This is done by applying pressure to the sizer and evaluating the contact area between the bone and sizer. The sizer that has the best match will determine the size and the curvature. (Figure 6)

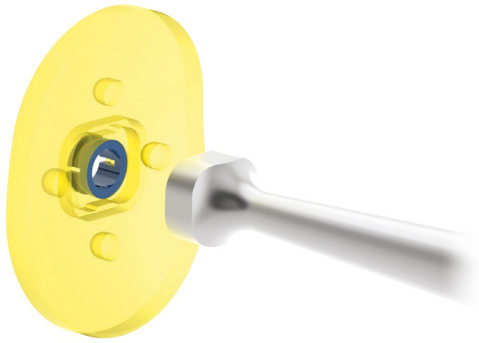


Figure 6

When using the cannulated approach, three pin guides are available that can be attached to the sizer via the rectangular shaped groove. This allows for easy manipulation of the sizer on the face of the glenoid. (Figure 7)

Additionally, the guides are cannulated in 0°, 5° and 10° to allow for version correction based upon preoperative planning. It is important to note that the pin guides can place in either the anterior or posterior direction due to the rectangular shape. This allows for the sizer to be placed on the native surface or within the worn defect of the glenoid when placing the guide pin.

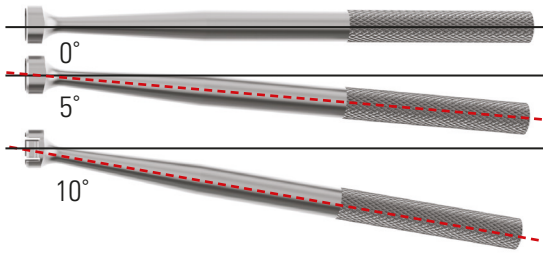


Figure 7

With the appropriate sizer and pin guide assembled, center the sizer on the glenoid and advance the guide pin until bi-cortical fixation is achieved. Then slide the assembly off the guide pin to prepare for reaming. (Figure 8-9)

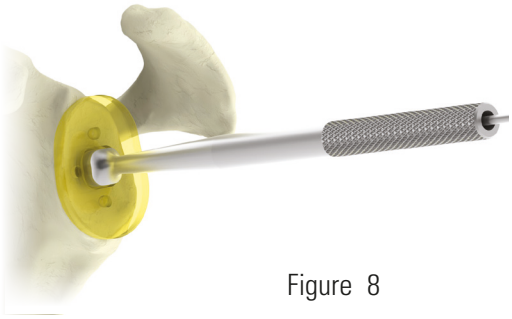


Figure 8

NOTE: If the cannulated pin bends or appears to be bent in any step of the procedure, it must be removed and replaced by a new pin.

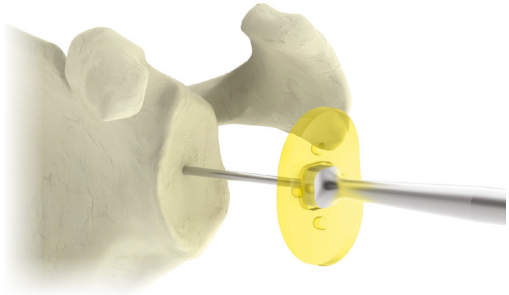


Figure 9

RESURFACING THE GLENOID

If the exposure is sufficient to place the reamer down the pin without interference, select the reamer that corresponds with the size and curvature determined in previous steps and attach it to the cannulated reamer driver.

If exposure is difficult, a special slot in the internal ring of the reamer will allow the reamer to easily be slided down the pin and past the humerus before the handle is attached to the reamer. (Figure 10)

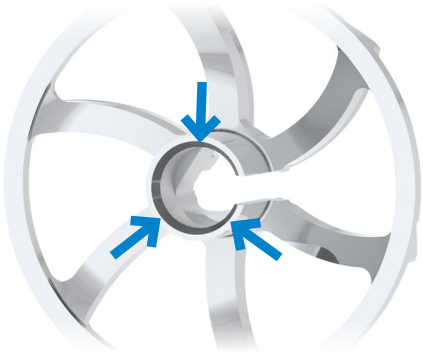


Figure 10

To begin, identify which section of the reamer includes the slot and then place this section over the guide pin. This will allow the reamer to be easily maneuvered past the humerus and retractors. Once the reamer has been introduced into the joint space, slide the central portion of the reamer onto the pin. (Figure 11)

Figure 11

Next, place the cannulated reamer driver over the pin. Align the flats on the tip of the driver with those on the reamer and apply pressure to attach the driver to the reamer. (Figure 12)

NOTE: It is recommended to irrigate with saline solution while reaming and drilling to prevent heat buildup which can lead to necrosis of the surrounding bone.

Figure 12

RESURFACING THE GLENOID (Continued)

Always begin by hand reaming and advance to power reaming only if necessary. If power is used, engage the reamer prior to contacting the glenoid surface and apply light pressure. This will help to reduce the risk of fracture. (Figure 13)

The goal of reaming is to obtain a bony surface that matches the backside of the glenoid component while removing as little bone as possible. The fit between the glenoid component and the bony surface can be evaluated utilizing the sizer from previous steps.

It is not advisable to ream down to cancellous bone. Overaggressive reaming should be avoided to prevent possible glenoid fracture and the future risk of component shift or subsidence.

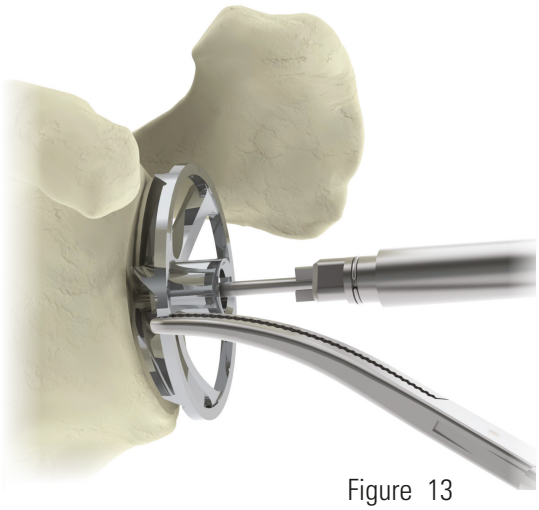


Figure 13

Once reaming is complete, remove the assembly by sliding it off the pin. (Figure 14)

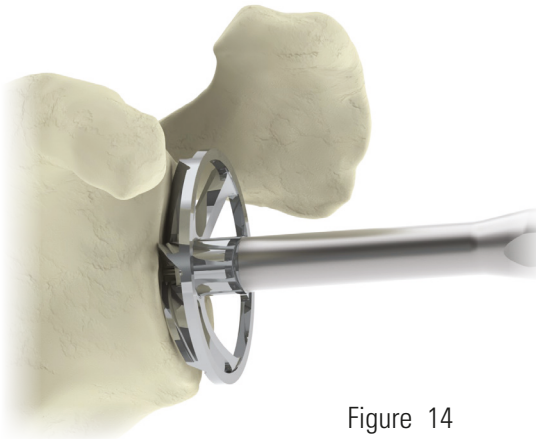


Figure 14

RESURFACING THE GLENOID (Continued)

It is also possible to detach the reamer from the driver using the quick release handle. To do so, place the tip of the quick release handle onto the shaft of the driver and slide it down until it sits on the reamer. Apply downward pressure with the handle while pulling up on the driver to detach the reamer. (Figure 15)

Remove the individual parts in the reverse order that they were assembled.

NOTE: If the cannulated pin bends or appears to be bent in any step of the procedure, it must be removed and replaced by a new pin.

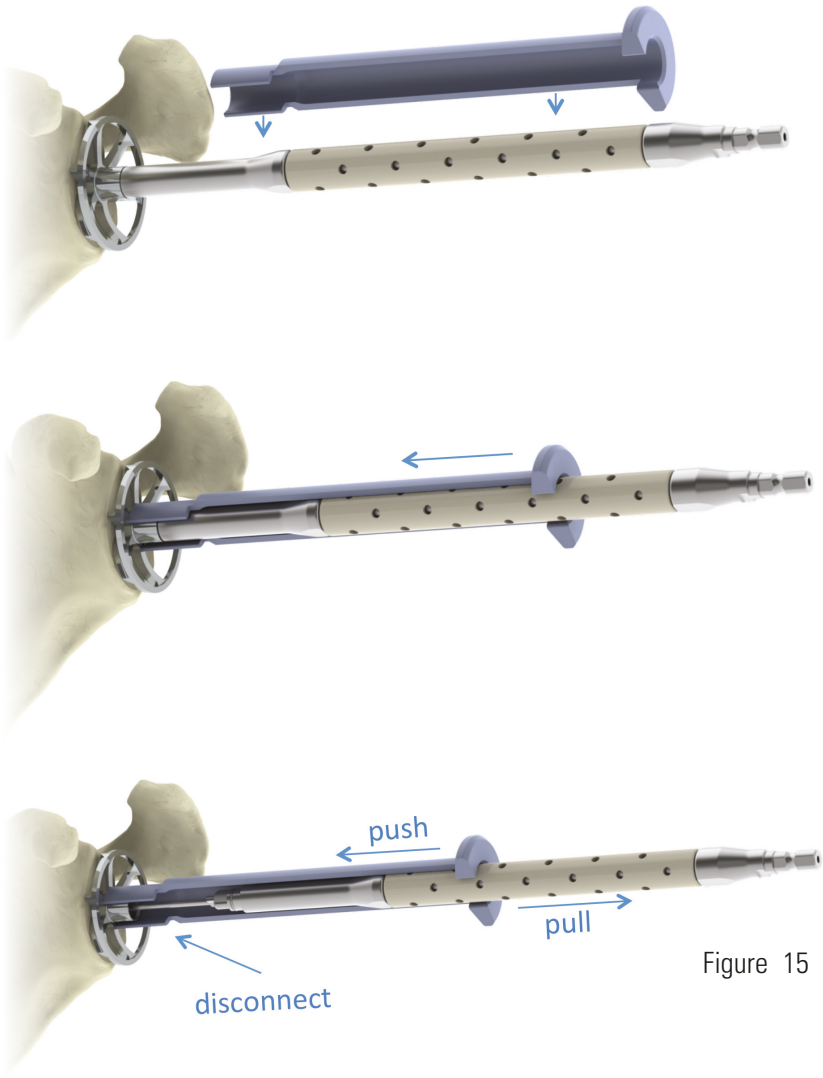


Figure 15

DRILLING THE CENTRAL HOLE

Two drill bit lengths are available, one for the S/M and one for the L/XL size glenoid. To drill the central hole, select the appropriate length (S/M or L/XL) 6 mm cannulated central drill bit and attach it to the drill/reamer driver. Place the assembly over the pin and drill until the collar of the bit is flush with the glenoid. (Figure 16)

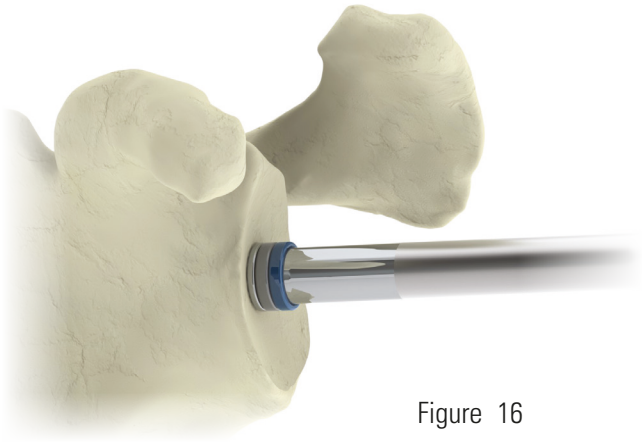


Figure 16

Remove the assembly over the guide pin and then remove the guide pin before proceeding to the next step. (Figure 17)

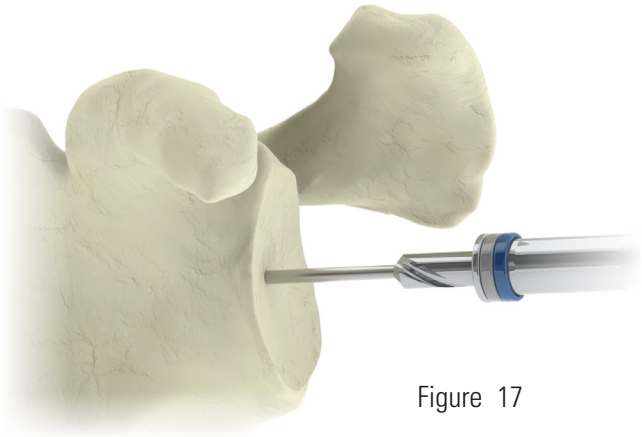


Figure 17

SELECT THE GLENOID SIZE

To select the glenoid size, select the sizer that best matches the peripheral rim of the glenoid.

Attach the sizer to the clamp via the small holes in the sizer (Figure 18). Place the sizer onto the glenoid and select the sizer that best matches the peripheral rim of the glenoid. The central location can then be marked through the sizer.

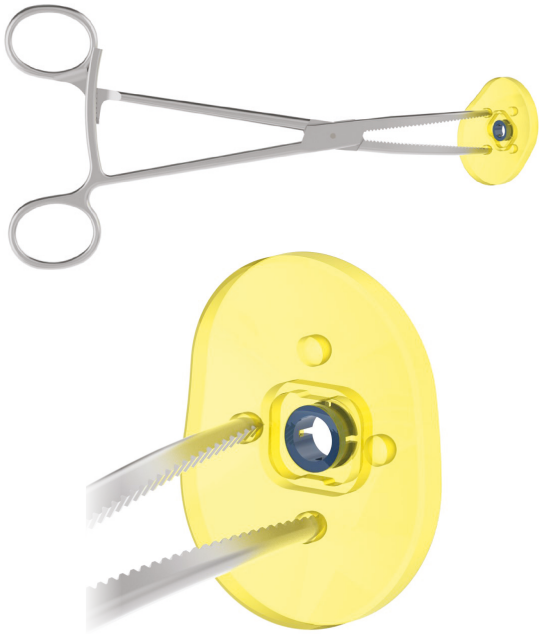


Figure 18

The transparent sizers can also be utilized to confirm the curvature of the glenoid. This is done by applying pressure to the sizer and evaluating the contact area between the bone and sizer (Figure 19). The sizer that has the best match will confirm the curvature.

Figure 19

DRILLING THE CENTRAL HOLE

When using the standard approach, begin by attaching the drill guide handle to the central hole drill guide. Then select the appropriate length (S/M or L/XL) 6 mm central hole drill bit and attach it to the drill/reamer driver via the quick connect mechanism.

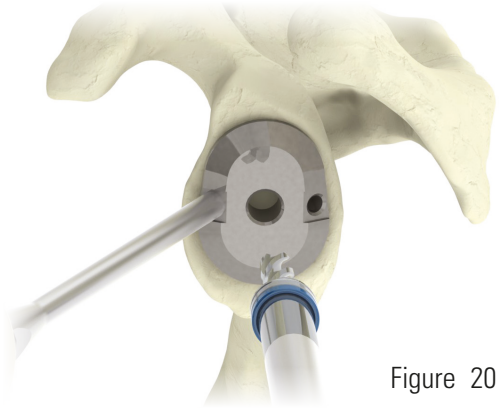
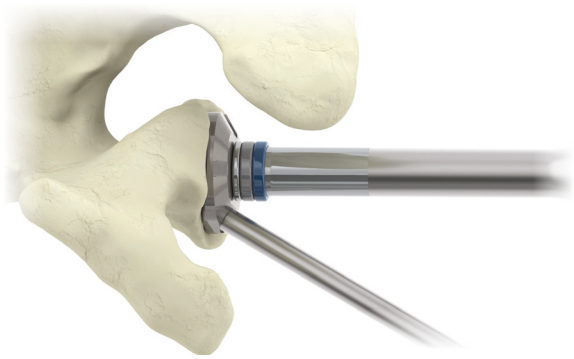


Figure 20

Once the instruments are assembled, align the guide with central mark that was made when using the sizer (Figure 20) and drill the central hole until the drill bit collar bottoms out on the drill guide. (The drill bit is provided with a laser etch line which represents the depth to be drilled for those who prefer not to use the drill guide.) (Figure 21)



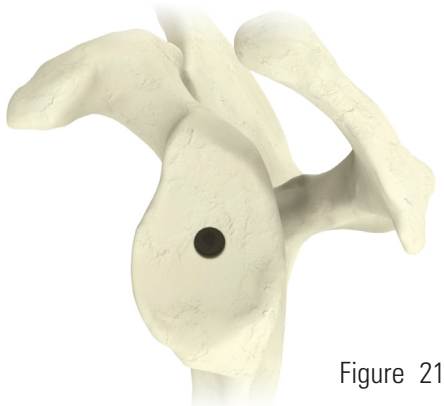


Figure 21

RESURFACING THE GLENOID

If resurfacing of the glenoid is necessary, select the reamer that corresponds with the size and curvature determined in previous steps. Attach the reamer to either the drill/reamer driver or the articulated driver.

Using the Articulated Driver

1. Attach the reamer in the pivoted unlocked position. (Figure 22)
2. Once attached, insert the tip of the reamer into the central hole of the glenoid. (Figure 23)
3. Once the reamer tip is seated, use the handle as a lever and retract the reamer shaft into the straight position. Slide the outer sleeve into the locked position. (Figure 24-25)

Figure 22

NOTE: It is recommended to irrigate with saline solution while reaming and drilling to prevent heat buildup which can lead to necrosis of the surrounding bone.

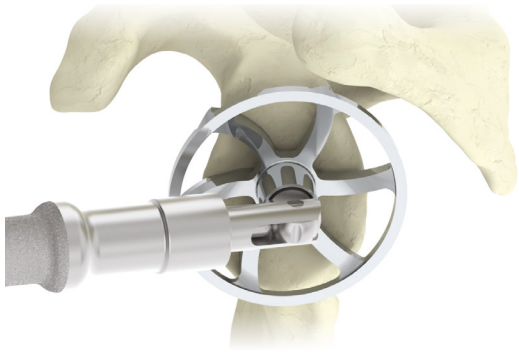


Figure 23

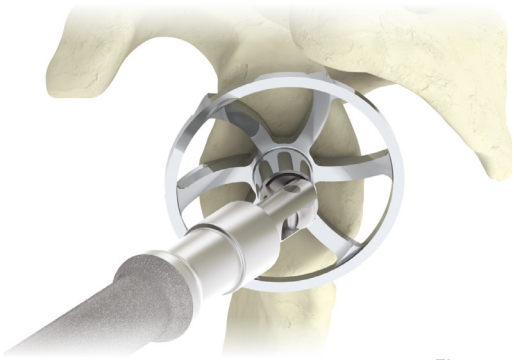


Figure 24

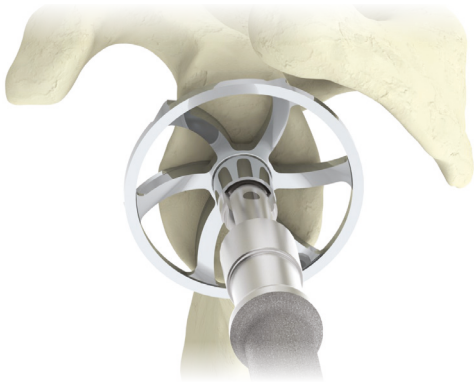


Figure 25

standard approach

Always begin by hand reaming and advance to power reaming only if necessary. If power is used, engage the reamer prior to contacting the glenoid surface and apply light pressure. This will help to reduce the risk of fracture.

The goal of reaming is to obtain a bony surface that matches the backside of the glenoid component while removing as little bone as possible. The fit between the glenoid component and the bony surface can be evaluated utilizing the sizer from previous steps.

It is not advisable to ream down to cancellous bone. Overaggressive reaming should be avoided to prevent possible glenoid fracture and the future risk of component shift on subsidence.

CAUTION: The articulated driver can only be used in the straight locked position.

NOTE: It may be helpful to remove any posterior retractors prior to inserting the articulated driver. The handle will then in essence become the retractor.

IMPLANTATION OF THE AEQUALIS PERFORM KEELED GLENOID

Preparing the Keel Slot

To prepare the keel slot, begin by selecting the appropriate size (S/M or L/XL) keeled peripheral drill guide.

Attach the drill guide to the drill guide handle and insert the post on the backside of the guide into the central hole. (Figure 26)

Align the superior and inferior holes with the supero-inferior axis of the native glenoid. (Figure 26)

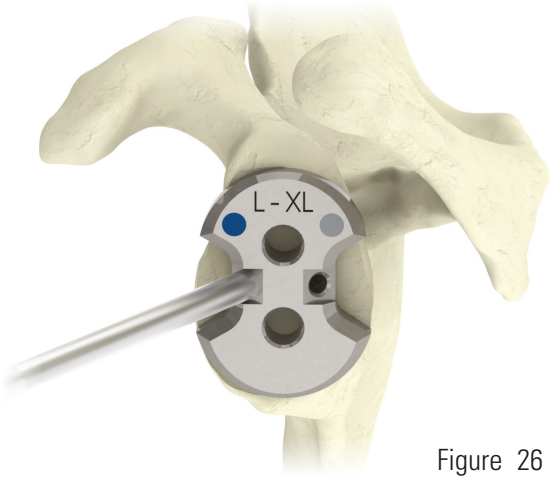


Figure 26

With the drill guide in place, select a drill bit, either the 5 mm drill bit for the S/M size or the 6 mm drill bit for the L/XL and attach the bit to the drill/reamer driver. Drill the superior hole until the collar of the drill bit contacts the guide. (Figure 27)

Figure 27

Using the stabilization peg clamp, place the appropriate size stabilization peg into the superior hole and then drill the inferior hole. (Figure 28)

Figure 28

keeled glenoid

The stabilization peg can then be removed along with the guide. (Figure 28-29)

The bony bridges between the three holes are broken with a rongeur or small osteotome.

Figure 29

Then select the appropriate sized keel punch (S-M or L-XL) which is used to compact the cancellous bone (Figure 30-31). The shape of the keel is then prepared by compacting the cancellous bone using the selected keel punch. Compaction of the cancellous bone is a preferred technique to improve glenoid component fixation.

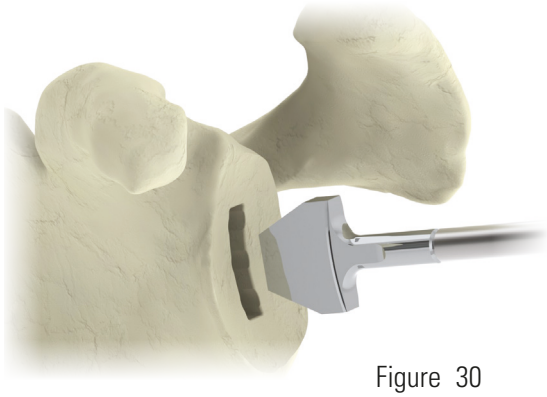


Figure 30

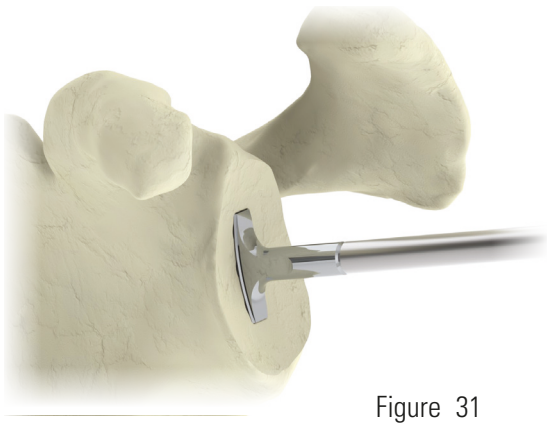


Figure 31

POSITIONING THE KEELED GLENOID COMPONENT

Once the keel slot has been fully prepared, select the appropriate size trial glenoid. The trial is inserted into the keel slot using the trial grasper and can be seated with the impactor. (Figure 32)

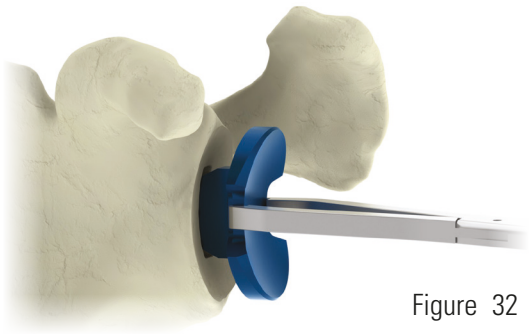


Figure 32

Two windows, anterior and posterior, allow visualization of the bone to trial interface. If the trial has acceptable backside support, remove the trial with the grasper. (Figure 33)

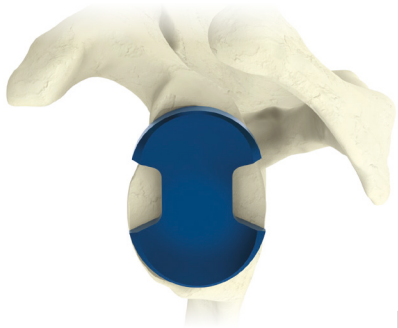


Figure 33

keeled glenoid

It is recommended to carefully clean and dry the glenoid surface and keel slot prior to cementing.

Once the glenoid is clean and dry, introduce the bone cement and impact the final implant (Figure 34-36). It is recommended to maintain pressure on the face of the glenoid with the impactor while the cement hardens. It is not recommended to cement the back face of the glenoid. The cement mantle, at the face, should be less than 1 mm.*

Figure 34

NOTE: The keel should not be altered in any manner prior to implantation.

NOTE: Once a specific anchorage size (S/M or L/XL) has been prepared, it is not advisable to upsize or downsize the implant.

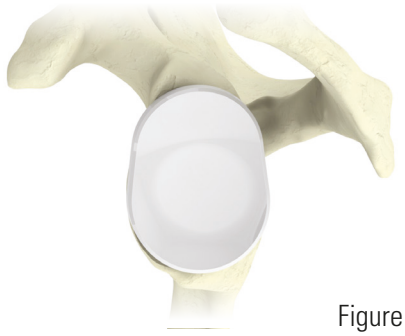


Figure 35

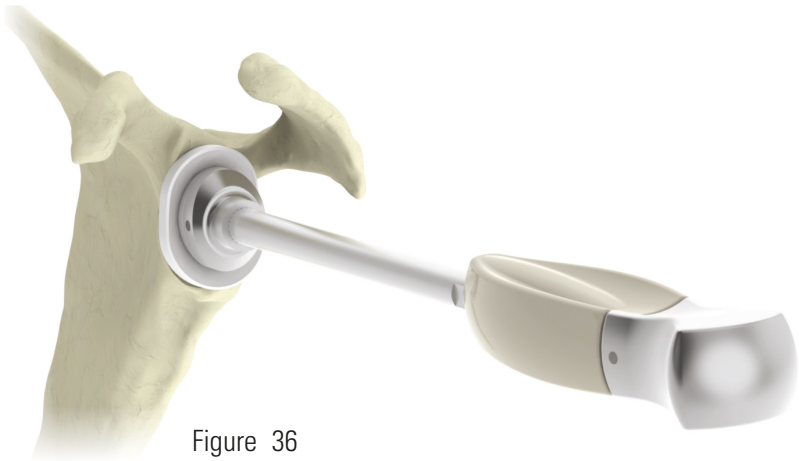


Figure 36

*Long-term results of cancellous compaction technique for glenoid replacement in total shoulder arthroplasty for primary osteoarthritis.

O. Verborgt, G. Walch, V. Belloti, and D. Gazielly.

IMPLANTATION OF THE AEQUALIS PERFORM PEGGED GLENOID

Preparing the Peg Holes

To prepare the peripheral holes, begin by selecting the S/M or L/XL pegged peripheral drill guide.

Attach the drill guide to the drill guide handle and insert the post on the backside of the guide into the central hole. (Figure 37)

Figure 37

Align the drill guide on the glenoid. With the drill guide in place, attach the peripheral drill bit to the drill/reamer driver. Drill the superior hole until the collar of the drill bit contacts the guide. (Figure 38)

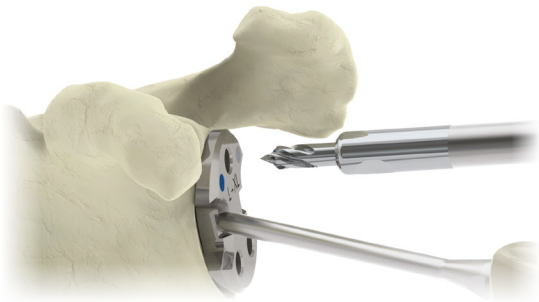


Figure 38

Using the stabilization peg clamp, place the stabilization peg into the superior hole and then drill the anterior hole (Figure 39-40). A second stabilization peg can be inserted for addition stability and the posterior hole is then drilled. (Figure 40)

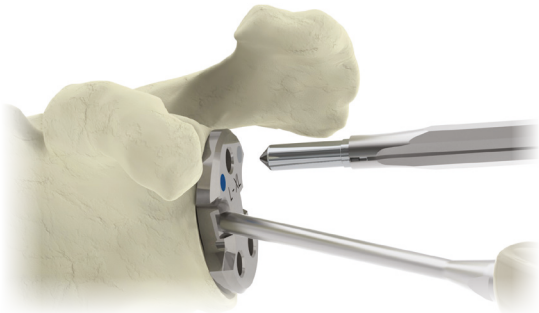


Figure 39

The stabilization pegs can then be removed along with the guide.

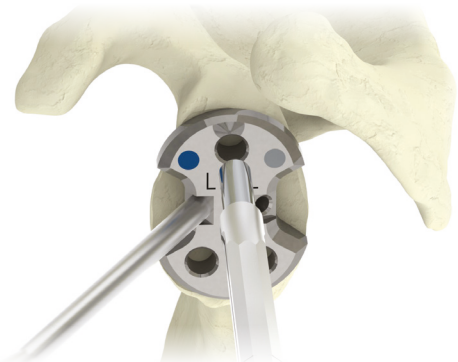


Figure 40

POSITIONING THE PEGGED GLENOID COMPONENT

Once the peripheral holes have been fully prepared, select the appropriate size trial glenoid. The trial is inserted into the glenoid using the trial grasper and can be seated with the impactor. (Figure 41)

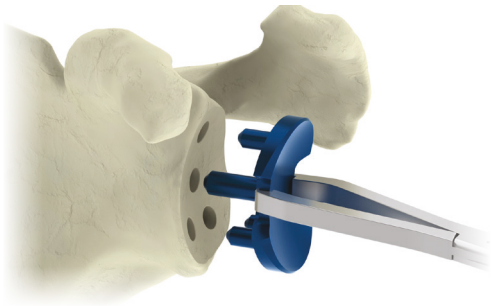


Figure 41

Two windows, anterior and posterior, allow visualization of the bone to trial interface (Figure 42). If the trial has acceptable backside support, remove the trial with the grasper.

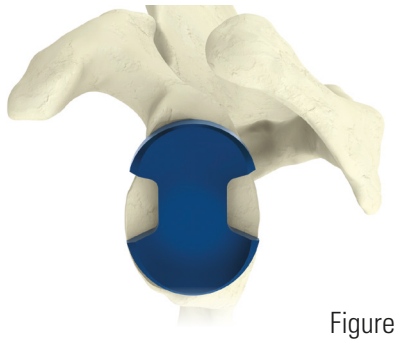


Figure 42

It is recommended to carefully clean and dry the glenoid surface and peg holes prior to cementing.

Once the glenoid is clean and dry, introduce the bone cement and impact the final implant. It is not recommended to cement the back face of the glenoid. (Figure 43-44) It is recommended to maintain pressure on the face of the glenoid with the impactor while the cement hardens.*

Figure 43

NOTE: The pegs should not be altered in any manner prior to implantation.

NOTE: Once a specific anchorage size (S/M or L/XL) has been prepared, it is not advisable to upsize or downsize the implant.

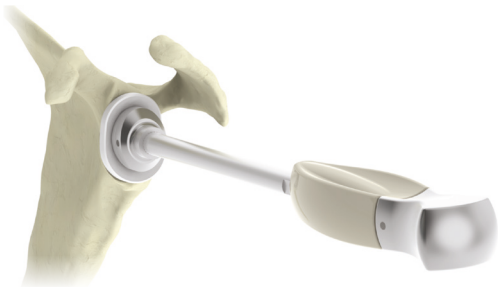


Figure 44

*Long-term results of cancellous compaction technique for glenoid replacement in total shoulder arthroplasty for primary osteoarthritis. O. Verborgt, G. Walch, V. Belloti, and D. Gazielly.

IMPLANTATION OF THE AEQUALIS PERFORM CORTILOC™ GLENOID

Preparing the Peg Holes

If not completed in a previous step, the central hole should be enlarged at this time.

To enlarge the hole, attach the appropriate length (S/M or L/XL) 8.4 mm CortiLoc drill bit to the drill/reamer driver. Then assemble the CortiLoc central drill guide to the drill guide handle.

Place the drill guide on the reamed glenoid. Drill until the collar of the bit contacts the guide. (Figure 45) (The drill bit is provided with a laser etch line which represents the depth to be drilled for those who prefer not to use the drill guide.)

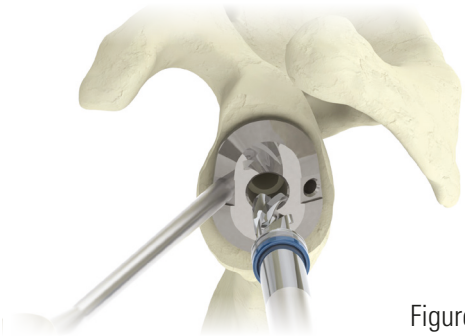


Figure 45

Once completed, remove the drill guide and prepare the peripheral holes.

To prepare the peripheral holes, begin by selecting one of the S/M or L/XL CortiLoc drill guides.

Attach the drill guide to the drill guide handle and insert the tip post on the backside of the guide into the central hole.

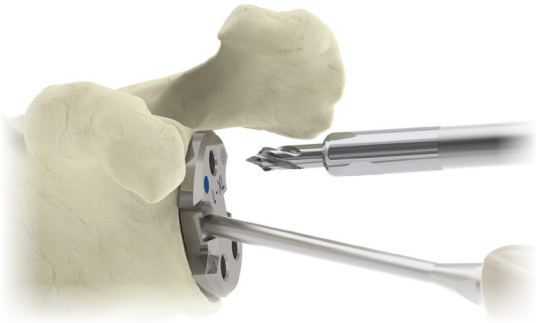


Figure 46

Align the drill guide on the glenoid. With the drill guide in place, attach the peripheral drill bit to the drill/reamer driver. Drill the superior hole until the collar of the drill bit contacts the guide. (Figure 46)

Using the stabilization peg clamp, place the stabilization peg into the superior hole and then drill the anterior hole. (Figure 47) A second stabilization peg can be inserted for additional stability and the posterior hole is then drilled.

The stabilization pegs can then be removed along with the guide.

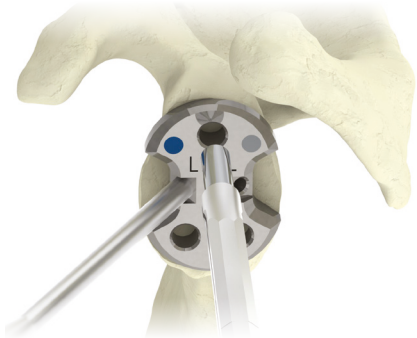


Figure 47

POSITIONING THE CORTILOC™ GLENOID COMPONENT

Once the peripheral holes have been fully prepared, select the appropriate size trial glenoid. The trial is inserted into the glenoid using the trial grasper and can be seated with the impactor. (Figure 48)

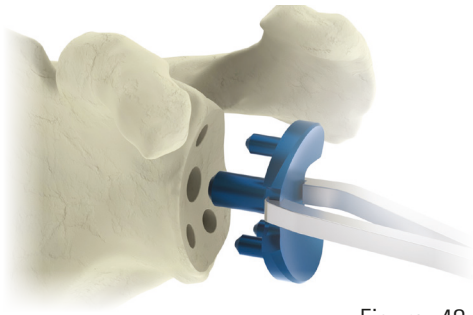


Figure 48

Two windows, anterior and posterior, allow visualization of the bone to trial interface. (Figure 49) If the trial has acceptable backside support, remove the trial with the grasper.

It is recommended to carefully clean and dry the glenoid surface and peg holes prior to cementing.

Once the glenoid is clean and dry, introduce the bone cement and impact the final implant. It is not recommended to cement the back of the glenoid. (Figure 50) It is recommended to maintain pressure on the face of the glenoid with the impactor while the cement hardens.*

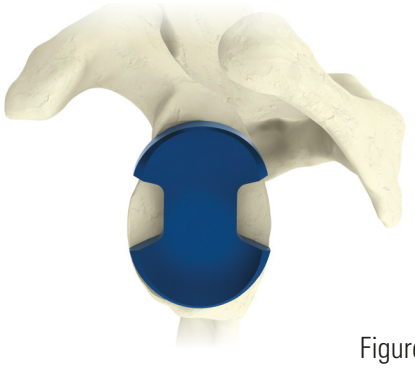


Figure 49

The final implant can then be inserted with the trial grasper and seated using the impactor. It is recommended to maintain pressure on the face of the glenoid with the impactor while the cement hardens.

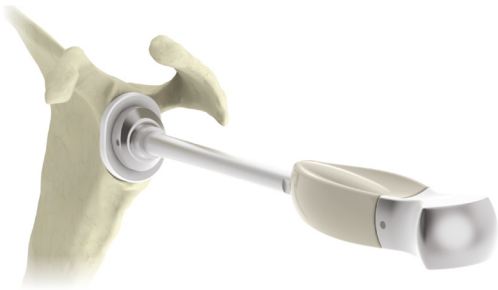


Figure 50

NOTE: The pegs should not be altered in any manner prior to implantation.

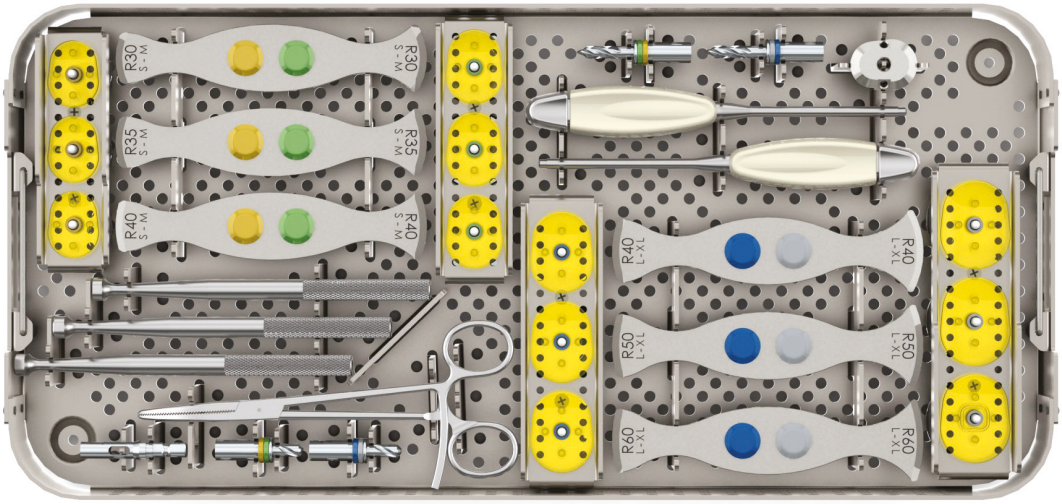
NOTE: Once a specific anchorage size (S/M or L/XL) has been prepared, it is not advisable to upsize or downsize the implant.

Reduction Testing and Closure

The reduction of the joint, testing of mobility and stability and closure is described in detail in the humeral surgical technique.

*Long-term results of cancellous compaction technique for glenoid replacement in total shoulder arthroplasty for primary osteoarthritis.

O. Verborgt, G. Walch, V. Belloti, and D. Gazielly.



Common Tray - Upper Level (Ref. YKAD210)

Reference	Description
MWE011	S30 Sizer
MWE012	S35 Sizer
MWE013	S40 Sizer
MWE014	M30 Sizer
MWE015	M35 Sizer
MWE016	M40 Sizer
MWE017	L40 Sizer
MWE018	L50 Sizer
MWE019	L60 Sizer
MWE020	XL40 Sizer
MWE021	XL50 Sizer
MWE022	XL60 Sizer
MWE031	Radius Gauge – Small/Medium 30 mm
MWE032	Radius Gauge – Small/Medium 35 mm
MWE033	Radius Gauge – Small/Medium 40 mm
MWE034	Radius Gauge – Large/Extra Large 40 mm
MWE035	Radius Gauge – Large/Extra Large 50 mm
MWE036	Radius Gauge – Large/Extra Large 60 mm
MWE040	Central Hole Drill Guide – Ø 6 mm
MWE111	Pin Guide 0°
MWE112	Pin Guide 5°
MWE113	Pin Guide 10°
MWE042	Drill Guide Handle
MWB253	Pin Driver

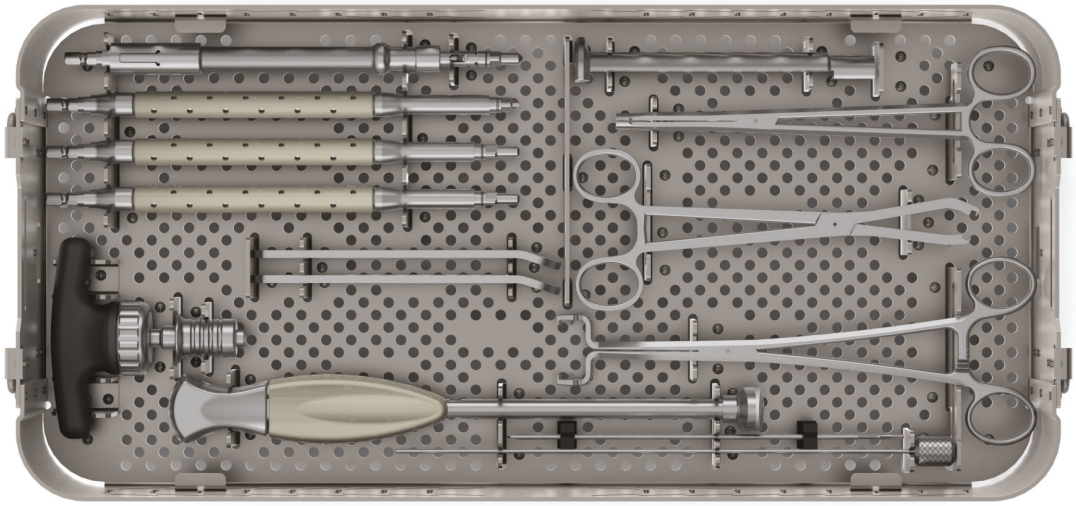
YKAD210A (Circular Reamer)

Reference	Description
MWE153	Cannulated Central Hole Drill Bit – Ø 6 mm Small/Medium
MWE154	Central Holed Drill Bit – Ø 6 mm Small/Medium
MWE155	Cannulated Central Hole Drill Bit – Ø 6 mm Large/Extra Large
MWE156	Central Holed Drill Bit – Ø 6 mm Large/Extra Large

YKAD210B (Crescent Reamer)

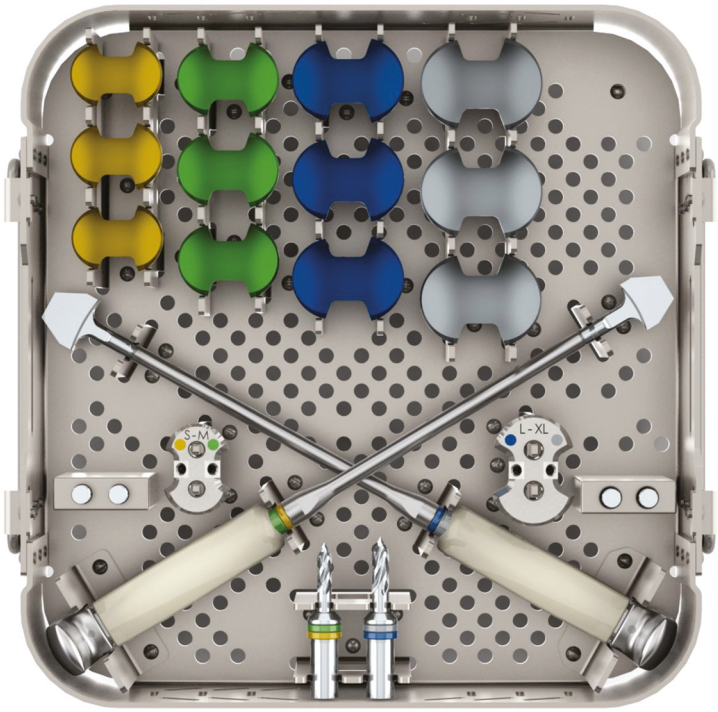
Circular	Crescent	
MWE160	MWE260	S30 Reamer
MWE161	MWE261	S35 Reamer
MWE162	MWE262	S40 Reamer
MWE163	MWE263	M30 Reamer
MWE164	MWE264	M35 Reamer
MWE165	MWE265	M40 Reamer
MWE166	MWE266	L40 Reamer
MWE167	MWE267	L50 Reamer
MWE168	MWE268	L60 Reamer
MWE169	MWE269	XL40 Reamer
MWE170	MWE270	XL50 Reamer
MWE171	MWE271	XL60 Reamer
MWE110	--	Sizer Clamp

components



Common Tray - Lower Level (Ref. YKAD210)	
Reference	**Description**
MWE044	Stabilization Peg Remover
MWE046	Glenoid Impactor
MWD552	12 mm Wrench
MWE150	Articulated Driver
MWE151	Cannulated Reamer Driver
MWE152	Cannulated Drill/Reamer Driver w/Tip
MWE080 or MWE180*	T-Handle – SZH
MWB236	Cleaning Rod
MWE114	Glenoid Grasper
MWA652	Trial Grasper
MWE157	Alignment Pin
MWE158	Quick Release Handle

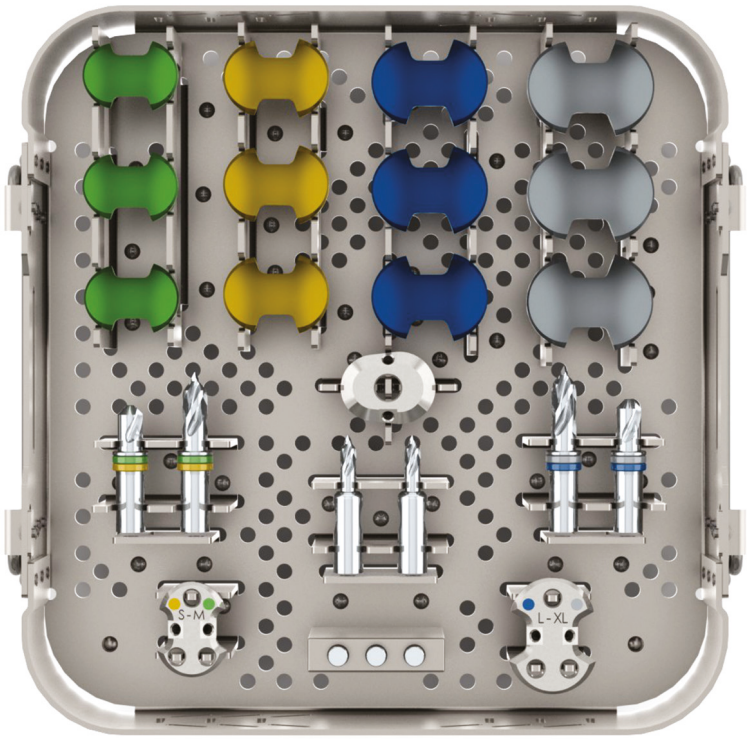
* Available upon request



Keeled Tray (Ref. YKAD213)	
Reference	**Description**
MWE095	Keeled Peripheral Drill Guide - Small/Medium
MWE096	Keeled Peripheral Drill Guide - Large/Extra Large
MWE097	Stabilization Peg - Ø 5 mm
MWE098	Stabilization Peg - Ø 6 mm
MWE199	Peripheral Drill Bit - Ø 5 mm
MWE201	Peripheral Drill Bit - Ø 6 mm
MWE101	Keeled Punch - Small/Medium
MWE102	Keeled Punch - Large/Extra Large
MWE501	S30 Keeled Glenoid Trial
MWE502	S35 Keeled Glenoid Trial
MWE503	S40 Keeled Glenoid Trial
MWE511	M30 Keeled Glenoid Trial
MWE512	M35 Keeled Glenoid Trial
MWE513	M40 Keeled Glenoid Trial
MWE521	L40 Keeled Glenoid Trial
MWE522	L50 Keeled Glenoid Trial
MWE523	L60 Keeled Glenoid Trial
MWE531	XL40 Keeled Glenoid Trial
MWE532	XL50 Keeled Glenoid Trial
MWE533	XL60 Keeled Glenoid Trial

components

Pegged Tray (Ref. YKAD212)	
Reference	**Description**
MWE090	Pegged Peripheral Drill Guide - Small/Medium
MWE091	Pegged Peripheral Drill Guide - Large/Extra Large
MWE083	Stabilization Peg - Ø 5.4 mm
MWE200	Peripheral Drill Bit Dia - Ø 5.4 mm
MWE301	S30 Pegged Glenoid Trial
MWE302	S35 Pegged Glenoid Trial
MWE303	S40 Pegged Glenoid Trial
MWE311	M30 Pegged Glenoid Trial
MWE312	M35 Pegged Glenoid Trial
MWE313	M40 Pegged Glenoid Trial
MWE321	L40 Pegged Glenoid Trial
MWE322	L50 Pegged Glenoid Trial
MWE323	L60 Pegged Glenoid Trial
MWE331	XL40 Pegged Glenoid Trial
MWE332	XL50 Pegged Glenoid Trial
MWE333	XL60 Pegged Glenoid Trial



CortiLoc™ Pegged Tray (Ref. YKAD211)	
Reference	**Description**
MWE081	CortiLoc Peripheral Drill Guide - Small/Medium
MWE082	CortiLoc Peripheral Drill Guide - Large/Extra Large
MWE083	Stabilization Peg - Ø 5.4 mm
MWE200	Peripheral Drill Bit Dia - Ø 5.4 mm
MWE085	CortiLoc Central Drill Guide
MWE202	CortiLoc Cannulated Central Drill Bit - Small/Medium
MWE203	CortiLoc Cannulated Central Drill Bit - Large/Extra Large
MWE204	CortiLoc Central Drill Bit - Small/Medium
MWE205	CortiLoc Central Drill Bit - Large/Extra Large
MWE401	S30 CortiLoc Pegged Glenoid Trial
MWE402	S35 CortiLoc Pegged Glenoid Trial
MWE403	S40 CortiLoc Pegged Glenoid Trial
MWE411	M30 CortiLoc Pegged Glenoid Trial
MWE412	M35 CortiLoc Pegged Glenoid Trial
MWE413	M40 CortiLoc Pegged Glenoid Trial
MWE421	L40 CortiLoc Pegged Glenoid Trial
MWE422	L50 CortiLoc Pegged Glenoid Trial
MWE423	L60 CortiLoc Pegged Glenoid Trial
MWE431	XL40 CortiLoc Pegged Glenoid Trial
MWE432	XL50 CortiLoc Pegged Glenoid Trial
MWE433	XL60 CortiLoc Pegged Glenoid Trial

Keeled Glenoid	
Reference	**Description**
DWE501	S30 Keeled Glenoid
DWE502	S35 Keeled Glenoid
DWE503	S40 Keeled Glenoid
DWE511	M30 Keeled Glenoid
DWE512	M35 Keeled Glenoid
DWE513	M40 Keeled Glenoid
DWE521	L40 Keeled Glenoid
DWE522	L50 Keeled Glenoid
DWE523	L60 Keeled Glenoid
DWE531	XL40 Keeled Glenoid
DWE532	XL 50 Keeled Glenoid
DWE533	XL 60 Keeled Glenoid

Pegged Glenoid	
Reference	**Description**
DWE301	S30 Pegged Glenoid
DWE302	S35 Pegged Glenoid
DWE303	S40 Pegged Glenoid
DWE311	M30 Pegged Glenoid
DWE312	M35 Pegged Glenoid
DWE313	M40 Pegged Glenoid
DWE321	L40 Pegged Glenoid
DWE322	L50 Pegged Glenoid
DWE323	L60 Pegged Glenoid
DWE331	XL40 Pegged Glenoid
DWE332	XL 50 Pegged Glenoid
DWE333	XL 60 Pegged Glenoid

CortiLoc™ Pegged Glenoid	
Reference	**Description**
DWE401	S30 CortiLoc Glenoid
DWE402	S35 CortiLoc Glenoid
DWE403	S40 CortiLoc Glenoid
DWE411	M30 CortiLoc Glenoid
DWE412	M35 CortiLoc Glenoid
DWE413	M40 CortiLoc Glenoid
DWE421	L40 CortiLoc Glenoid
DWE422	L50 CortiLoc Glenoid
DWE423	L60 CortiLoc Glenoid
DWE431	XL40 CortiLoc Glenoid
DWE432	XL 50 CortiLoc Glenoid
DWE433	XL 60 CortiLoc Glenoid

Miscellaneous Order Information	
Reference	**Description**
DWD014	Pressurization Kit Peg Glenoid
DWD013	Cement Scraper
DWD015	Peg Nozzle
DWD011	Pressurization Kit Keeled Glenoid
DWD012	Keel Nozzle
DWD013	Cement Scraper
MWE157 (1)	Non-Sterile Pin – Ø 2.5 X 200 mm
DWD063 (2)	Sterile Single Use Pin – Ø 2.5 X 200 mm
MWB319 (2)	Non-Sterile Pin – Ø 2.5 X 200 mm
DWD168 (1)	Sterile Single Use Pin – Ø 2.5 X 200 mm

notes

notes

notes

notes

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Distributor BLUEPRINT™ 3D Planning Software: Tornier SAS, FRANCE

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